

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9120</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>James</u> <u>W</u> <u>Buckley</u> P O Box Bldg Room No if any <u>P O Box 7075</u> Street <u>350 Fordham Road</u> City <u>Wilmington</u> State <u>Massachusetts</u> ZIP Code + 4 <u>01887-7075</u>	4 Name file number and address of labor organization Name <u>Carpenters Local Union No 67</u> Labor Organization File Number <u>033 017</u> P O Box Building and Room Number if any Street <u>760 Adams Street 2nd Floor</u> City <u>Dorchester</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02122</u>
5 Position in labor organization <u>Recording Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income <u>Not applicable</u> 7 b Amount <u>\$0</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>08/11/2005</u> Date	<u>978-752-1170</u> Telephone Number

Name of Person Filing James Buckley	File Number U
-------------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Mass State Carpenters Pension Fund Trade Name if any P O Box Bldg Room No if any Street 350 Fordham Road City Wilmington State Massachusetts ZIP Code + 4 01887	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> James W Buckley is the Plan Administrator of the New England Carpenters Health Benefits Fund <b>11 b Approximate dollar value of such dealing</b> \$0 <b>12 a Nature of interest held or income received</b> 1 Salary as plan administrator-\$107 429 2 Benefits as plan administrator-\$33 658 3 Investment meeting-\$703 4 Trustee meeting/luncheon-\$71 <b>12 b Amount</b> \$141 861

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b> Not applicable
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> \$0



Carpenters Benefit Funds  
Health Fund

PO Box 7075  
Wilmington MA 01887 7075  
www.carpentersfund.org  
Phone 978 694 1000  
Toll free 1 800 344 1515  
Fax 978 657 8724



James W Buckley Jr  
Director

August 12, 2005

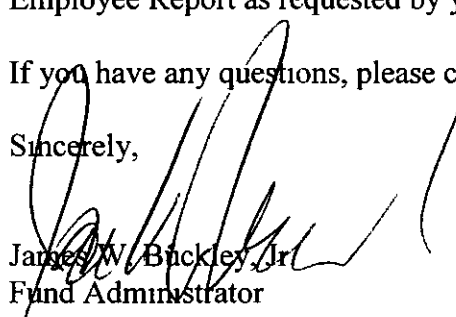
US Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, N W  
Washington, DC 20210-0001

To Whom It May Concern

Please find enclosed my completed LM-30 Labor Organization Officer and  
Employee Report as requested by your department

If you have any questions, please contact me at the above address

Sincerely,

  
James W. Buckley, Jr.  
Fund Administrator

JWB laf

Enclosure